

CHAPTER 2

ELIGIBILITY & CASE MANAGEMENT

FORMS COMPLETION

IHSS Staff Responsibilities

It is the responsibility of all staff to ensure that the forms and informational brochures used are the most current version available. State forms are available in CMIPS II and on the CDSS website at the following link:

http://www.cdss.ca.gov/cdssweb/FormsandPu_271.htm

Forms specific to the County of San Diego IHSS Program are available at the following path:

<S:\AIS\Operations\IHSS\Automated Forms>

Clerical Responsibilities

Clerical staff is responsible for the following actions:

- Maintaining a supply of current forms that are not available electronically and recycling obsolete forms.
- Providing “as needed” pre-printed forms and packets (when workload permits) so that a supply is kept available in each district office.

Social Worker Responsibilities

Social Workers are responsible for the following actions:

- Ensuring that all recipients receive the required materials.
- Explaining the forms and information provided to both the recipient and the provider.
- Ensuring that the information on all forms is correct and complete.
- Providing copies of all documents that require a signature.

Initial Contact Letter

The following documents and informational brochures must be included with the IHSS initial contact letter.

- 12-53B HHSA – IHSS Initial Contact - Case Assignment Letter ***or***
- 12-52 HHSA – IHSS Contact Letter - SOC Specialist
- SOC 874 – IHSS Program Notice to Applicant Of Health Care Certification Requirement
- SOC 873 – IHSS Program Health Care Certification Form (Attachments 1-H)
- GEN 1365 – Notice of Language Services
- County of San Diego IHSS – Think Again brochure

For additional instructions *on sending* the initial contact letter see Chapter 1, Section B of the IHSS Policy and Procedure Handbook.

Home Visit Packet

The following documents and informational brochures must be included in the home visit packet:

Mandatory Forms

- 12-02 – Voter Registration Interest/Declination
- The 20-46 HHSA – Language Needs Determination
- The SOC 295 – Application for Social Services
- SOC 332 – Recipient/Employer Responsibility Checklist
- SOC 426A– IHSS Program Recipient Designation of Provider
- SOC 864 – Emergency Back-up Plan and Risk Assessment
- The SOC 875 – IHSS Program Notice to Recipient of Health Care Certification Requirement

Required Informational Brochures**12-74 HHSA – Applicant Information about Service Providers**

- 20-44 HHSA – Civil Rights Information
- California Voter Registration Form
- Form I-9 – Employment Eligibility Verification
- Tobacco Cessation Information
- PUB 13 – Your Rights Under California Welfare Programs
- PUB 190 – How to Hire & Supervise Your IHSS Provider

Specific Use Forms

The following forms are intended for specific situations and/or needs.

- 12-37A HHSA – Able & Available Spouse Physician's Form
- 20-49 HHSA – Civil Rights/Interpreters
- ABCDM 228 – Applicant's Authorization for Release of Information
- SOC 321– Request for Order and Consent - Paramedical Services
- SOC 450 – Voluntary Services Certification
- SOC 821 – Assessment of Need for Protective Supervision
- SOC 825 – 24 Hour Care Plan for Protective Supervision
- SOC 838 – IHSS Program Recipient Request for Assignment of Authorized Hours to Providers
- SOC 839 – IHSS Recipient Time Sheet Signature Authorization

Tools

- 12-21C – Medication and Physician Information
- 12-42 – Assessment Worksheet
- Home Visit Assessment Checklist (optional)

Initial Timesheet Packet

The initial timesheet packet must include the following documents when mailed to the provider:

Initial Timesheet Packet forms

Form W-4 (current year) Employee's Withholding Allowance Certificate

- Helpful Tips to Complete a Timesheet
- Instructions for the Initial Timesheet Packet

- *Payment Information In-Home Supportive Services*
- County of San Diego IHSS – *Think Again* brochure (Attachment 2-...)

IHSS Provider Enrollment Packet

IHSS Public Authority has the primary responsibility for conducting provider enrollment sessions and distributing information related to the Department of Justice (DOJ) background clearance process. Forms that are the responsibility of the Social Worker are listed in this section. Questions related to provider enrollment sessions or the DOJ clearance process should be directed to the IHSS Public Authority's toll free number at:

1 (877) 351-7744